

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11	1			1		
12		1		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		2		1		
34		2		1		
35		2		1		
36		2		1		
37		2		1		
38		2		1		
39		2		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		1		1		
TOTAL DEP.		18		19		
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1				
52		1		1				
53		1		1				
54		1		1				
55		1		1				
56		1		1				
57		1		1				
58		1		1				
59		1		1				
60		1		1				
61		1		1				
62		1		1				
63		1		1				
64	1			1				
65		1		1				
66		1		1				
67		1		1				
68		1		1				
69		1		1				
70		1		1				
71		1		1				
72		1		1				
73		1		1				
74		1		1				
75		1		1				
76		1		1				
77		1		1				
78		1		1				
79		1		1				
80		1		1				
81		1		1				
82		1		1				
83		1		1				
84		1		1				
85		1		1				
86		1		1				
87		1		1				
88		1		1				
89		1		1				
90		1		1				
91		1		1				
92		1		1				
93		1		1				
94		1		1				
95		1		1				
96		1		1				
97		1		1				
98		1		1				
99		1		1				
100		1		1				
TOTAL IND.		1		1				
TOTAL DEP.		18		19				
TOTAL CLAIMS								